

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031053

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 129

STATE FILE NUMBER

FILED AUG 6 1963

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada		c. CITY OR TOWN Neosho	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 3		d. STREET ADDRESS (If outside, give location) 211 North Valley	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ira Middle Ellen Last Conell		4. DATE OF DEATH Month July Day 30 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-24-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 77
13a. FATHER'S NAME Robert L. Conell		13b. MOTHER'S MAIDEN NAME Harriett L. Canady	11. BIRTHPLACE (City and state or country) Dade County Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	12. CITIZEN OF WHAT COUNTRY U. S.
17. INFORMANT Hospital records		14. NAME OF HUSBAND OR WIFE	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis			Years
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome Reaction			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Associated With Cerebral Arteriosclerosis, With Psychotic			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> The Staff		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Neosho	COUNTY Missouri STATE
21. attended the deceased from March 4, 1963 to July 30, 1963 and last saw her alive on July 30, 1963 Death occurred at 4:33 P. M. on the date stated above, and to the best of my knowledge, from the causes stated. I viewed the remains.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS State Hospital No. 3 Nevada, Missouri	22c. DATE SIGNED 7-30-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 30, 1963	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) Neosho Missouri
24. FUNERAL DIRECTOR Thompson Funeral Home, Neosho, Missouri		25. DATE RECD. BY LOCAL REG. 8-3-1963	26. REGISTRAR'S SIGNATURE [Signature]

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59
1 1080
2 0735
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4 1
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7 0
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12 93-0
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray G. Dineen

Licensed Embalmer No. 5052

P. O. Address Nebraska Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.